FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respor	se 16.00

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SEC	USE OF	1LY
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DA	TE RECEIV	ED
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	endment and name has changed, and indicate change.)	- /
Merger of Clipper Windpower, Inc. into Clipper		
Filing Under (Check box(es) that apply): Type of Filing: New Filing Amend		ULOE PRO SEED
	A. BASIC IDENTIFICATION DATA	CEP ? ? GUD
1. Enter the information requested about the	issuer	THOMSON FINANCIAL
Name of Issuer (check if this is an amend	dment and name has changed, and indicate change.)	FINANCIAL
Clipper Windpower, PLC		0.00
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
6305 Carpinteria Avenue, Suite 300	Carpinteria, CA 93013	(805) 690-3275
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Ownership, operation and development of wind	generating facilities	SEC RECEIVED &
	limited partnership, to be formed public l	please specify): 2005
Actual or Estimated Date of Incorporation or C Jurisdiction of Incorporation or Organization:	Month Year Organization: 0 9 0 5 Actual Estin (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated :: DIE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Dehlsen, James G.P Full Name (Last name first, if individual) 6305 Carpnteria Avenue, Suite 300 Carpinteria, CA 93013 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Dehlsen, James B. Full Name (Last name first, if individual) 6305 Carpinteria Avenue, Suite 300 Carpinteria, CA 93013 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Moynihan, Colin Full Name (Last name first, if individual) 6305 Carpinteria Avenue, Suite 300 Carpinteria, CA 93013 Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director Director General and/or Managing Partner Hansen, Finn M. Full Name (Last name first, if individual) 6305 Carpiinteria Avenue, Suite 300 Carpinteria, CA 93013 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter □ Director General and/or Managing Partner Tassin, Sidney, L Full Name (Last name first, if individual) 6305 Carpinteria Avenue, Suite 300 Carpinteria, CA 93013 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Baciocco, Albert J., Jr. Full Name (Last name first, if individual) 6305 Carpinteria Avenue, Suite 300 Carpinteria, CA 93013 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Durrant, Anthony Full Name (Last name first, if individual) 6305 Carpinteria Avenue, Suite 300 Carpinteria, CA 93013 Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				ga Market Medica Historia Garage Market	B. INF(ORMATIO)N ABOU	Г OFFER	ING				
1.	Has the	issuer sole	i, or does tl	ne issuer in	tend to se	ll, to non-a	accredited	investors i	n this offe	ring?		Yes	No
									nder ULOI	=			لـــِــا -
2.	What is	the minim	um investm	ent that wi	ill be acce	pted from	any individ	iual?				\$ <u>N/A</u>	
3.	Does th	a offering	permit joint	awnershin	of a singl	a unit?						Yes	No
<i>3</i> .			ion request										
	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remuner ted is an ass ime of the b you may se	ation for so ociated pers roker or dea	licitation of son or ager aler. If mor	of purchase nt of a brok re than five	rs in conne er or dealer (5) person	ction with s registered s to be liste	sales of sec with the Si ed are assoc	urities in the	ne offering. with a state		
Ful	ll Name (Last name	first, if indi	vidual)									
No		Dacidanca	Address (N	umber and	Street Cit	y State 7	in Code)						
ьu	3111633 01	Residence	Address (IV	umber and	succi, Ci	y, State, Z	ip Code)						
Na	me of As	sociated Br	oker or Dea	aler	· · · · · · · · · · · · · · · · · · ·								
Sta	ites in Wi	nich Person	Listed Has	Solicited of	or Intends	to Solicit I	urchasers		***************************************				
	(Check	"All States	" or check i	ndividual S	States)				••••••	•••••		🔲 All	States
	AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	II Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	lumber and	Street, Ci	ity, State, 2	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
St	ates in W	hich Persor	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)								1 States
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	Ш	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	ıll Name	(Last name	first, if ind	ividual)									,
Bu	isiness or	Residence	Address (1	Number and	i Street, C	ity, State,	Zip Code)			<u> </u>			
N	ame of As	sociated B	roker or De	aler					·				
<u></u>	-4 i- W	hish Dass	n Listed Ha	- Caliaisad	I-4da	to Colinia	Dunch			·			
31			n Listed Ha s" or check									A	Il States
	AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		Am	ount Already Sold
	Debt	5	9	5	
	Equity				
			_		
	Convertible Securities (including warrants)	213,384,375.00	, ,	S	0.00
	Partnership Interests	5	- :	 S	
	Other (Specify)				
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE.		-		<u></u>
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		_	Aggregate ollar Amount of Purchases
	Accredited Investors		_	\$	
	Non-accredited Investors		<u>)</u>	\$	
	Total (for filings under Rule 504 only)		<u>)</u>	\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		D	ollar Amount Sold
	Rule 505	N	√A	\$	0.00
	Regulation A	<u>N</u>	VA	\$	0.00
	Rule 504		VA.	\$_	0.00
	Total		√A	\$_	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		<u> </u>	\$	200,000.00
	Accounting Fees			\$	
	Engineering Fees	<u>-</u>	_	<u> </u>	
	Sales Commissions (specify finders' fees separately)	_	Ī	\$	
	Other Expenses (identify)	-	$\bar{\exists}$	<u> </u>	- · · · · ·
	Total		<u> </u>	\$	200,000.00

	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C—C proceeds to the issuer."	Question 4.a. This difference is the "adjuste	d gross		\$ 213,184,375.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimathe payments listed must equal the adjuste	ate and		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees				
	Purchase of real estate			\$	S
	Purchase, rental or leasing and installation of macl			\$	Пs
	Construction or leasing of plant buildings and fac				□ \$ □ \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	П	\$	⊠ \$213,184,375
	Repayment of indebtedness			\$	☐ \$
	Working capital			\$	
	Other (specify):		_ 🗆	\$	\$
			_ 🛘	\$	s
	Column Totals			\$0.00	№ £ 213 , 184 , 375
	Total Payments Listed (column totals added)			⊠ \$ <u>2</u>	13,184,375.00
		D. FEDERAL SIGNATURE			
si	e issuer has duly caused this notice to be signed by the gnature constitutes an undertaking by the issuer to fur a information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange	Commission	on, upon writte	
Is	suer (Print or Type)	Signature	Da	ite	

- ATTENTION -

Title of Signer (Print or Type)

Executive Director

September 13, 2005

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Clipper Windpower, PLC

James B. Dehlsen

Name of Signer (Print or Type)

5.

		E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 provisions of such rule?			No ⊠
	Se	e Appendix, Column 5, for state respo	nse.	
2.	The undersigned issuer hereby undertakes t D (17 CFR 239.500) at such times as requ	-	ny state in which this notice is filed a notice	on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	s to furnish to the state administrators,	upon written request, information furnish	ed by the
4.		ne state in which this notice is filed and	that must be satisfied to be entitled to the understands that the issuer claiming the av a satisfied.	
	uer has read this notification and knows the conthorized person.	ontents to be true and has duly caused th	is notice to be signed on its behalf by the un	dersigned
Issuer ((Print or Type)	Signature	Date	
Clipper	Windpower, PLC		September, 2005	

Title (Print or Type)

Executive Director

Instruction:

Name (Print or Type)

James B. Dhelsen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		IX

1	Intend to non-a investor	1 to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 5 Disqualifica under State U (if yes, atta explanation amount purchased in State (Part C-Item 2) 5 Disqualifica under State U (if yes, atta explanation waiver gran (Part E-Item 2)		Type of investor and amount purchased in Sta (Part C-Item 2)		ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR		X	Common Stock	1	\$2,800,000.0 0				×
CA		×	Common Stock	33	\$75,749,854. 00				×
со		×	Common Stock	3	\$416,500.00		- 12 - 12		×
CT									
DE									
DC		X	Common Stock	. 1	\$175,000.00				×
FL		X	Common Stock	5	\$420,938.00				X
GA									
HI									
ID		X	Common Stock	1	\$8,400.00				×
IL		×	Common Stock	1	\$19,600.00				×
IN									
IA		X	Common Stock	3	\$214,018.00				X
KS		×	Common Stock	1	\$52,500.00	•			×
KY									
LA									
ME									
MD		×	Common Stock	1	\$140,000.00				X
MA		×	Common Stock	3	\$350,000.00				×
MI									
MN									
MS									

APPENDIX

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes, explan waiver	ification ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		×	Common Stock	1	\$87,500.00				X
МТ									
NE									
NV		X	Common Stock	1	\$140,000.00				×
NH									
NJ		X	Common Stock	6	\$4,900,000.0 0				X
NM		X	Common Stock	1	\$280,000.00				X
NY		X	Common Stock	36	\$25,563,678. 00				X
NC									
ND									
ОН		X	Common Stock	2	\$224,000.00				X
ок		X	Common Stock	1	\$140,000.00				×
OR		X	Common Stock	11	\$2,712,500.0 0				X
PA									
RI									
sc		X	Common Stock	2	\$525,000.00				X
SD									
TN							:		
TX		×	Common Stock	12	\$6,410,250.0 0				X
UT									
VT									
VA		X	Common Stock	3	\$490,000.00				X
WA		×	Common Stock	2	\$560,000.00				X
wv									
WI									

APPENDIX

1		2	3			4		Disqual	ification
	to non-a	I to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				attach attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
₽R									